

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

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Jo Ann Emerson  
(Full Name)

202-225-4404  
(Daytime Telephone)

**HAND DELIVERED**  
LEGISLATIVE RESOURCE CENTER  
MAY 15 AM 10:27  
(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<b>State:</b> MO <b>District:</b> 8	<b>Officer Or Employee</b>	<b>Employing Office:</b>	<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<b>Amendment</b>	<b>Termination</b>	<b>Termination Date:</b>	

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VII. If yes, complete and attach Schedule VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. If yes, complete and attach Schedule VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. If yes, complete and attach Schedule IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name **Jo Ann Emerson**

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Bartley Goffstein, LLC	Spouse Salary	N/A

# **SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name Jo Ann Emerson

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
National Association of Postmasters	Article	Aug. 25, 2008	\$35

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Year-End Value of Asset  at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP 7720 Building Corp. (Law Firm Building) 4399 Laclede St. Louis, MO 63108	\$100,001 - \$250,000	None	NONE	
SP AGE Bank Deposit	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP Bank of Salem SEP	\$100,001 - \$250,000	None	NONE	
SP Bartley Goffstein, LLC (1/6 partner) 4399 Laclede St. Louis, MO 63108	\$250,001 - \$500,000	Other: Partnership Value	NONE	
SP Business Bank of St. Louis SEP	\$100,001 - \$250,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jo Ann Emerson

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SP	First Commercial Bank of Southeast Missouri (CD)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Gold Fields Limited	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Great Plains Energy	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	Home Depot	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	ING Money Market	None	DIVIDENDS	\$1 - \$200	S
SP	Kaupthing HF	None	DIVIDENDS	\$201 - \$1,000	
SP	Marsh & McLennan	None	DIVIDENDS	\$1 - \$200	S
SP	Sirius XM Radio Inc. (Name Change)	\$1 - \$1,000	None	NONE	
SP	Talisman Energy	None	None	NONE	S
SP	United Natural Foods	\$1,001 - \$15,000	None	NONE	

# SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Great Plains Energy	P	10-16-08	\$1,001 - \$15,000
SP	ING Money Market	S	10-16-08	\$1,001 - \$15,000
SP	ING Money Market	S(part)	6-13-08	\$1,001 - \$15,000
SP	Marsh & McLennan	S	9-15-08	\$1,001 - \$15,000
SP	Talisman Energy	S	5-20-08	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Jo Ann Emerson

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
SP	Bank of Salem	Line of Credit	\$50,001 - \$100,000
SP	Enterprise Bank, St. Louis, MO	Mortgage on office building (16.67%)	\$50,001 - \$100,000

**SCHEDULE VIII - POSITIONS**

Name Jo Ann Emerson

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary and Lifetime Trustee	Westminster College, Fulton, MO
Co-Chair, Board of Directors	Congressional Hunger Center
Co-Chair	America's Trust
Advisory Board	Rock and Wrap it Up